Statement for the Record

Hearing on the

Past, Present and Future of SNAP: Evaluating Effectiveness and Outcomes in Nutrition Education

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Submitted by

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Good morning Chairman Conaway, Ranking Member Peterson, Committee Members and fellow panelists. Thank you for the opportunity to think together about how SNAP-Ed, the nutrition education arm of SNAP, can be made even more effective in future years.

My remarks will be mostly from the perspective of a former state official who founded and directed the country's largest SNAP-Ed program. Through the California Department of Public Health, we had already used an NCI grant to establish the *California 5 a Day—for Better Health! Campaign*, the world's first public/private partnership with the nation's produce industry to increase fruit and vegetable consumption. Its purpose was to help prevent cancer and other diet-related chronic diseases. In the 1990s, the *5 A Day Program* was adopted for nationwide use NCI and CDC, as well as 25 other countries.

In FFY 96, we used this experience to win a USDA competition for planning grants that allowed us to establish the *Network for a Healthy California* in FFY 97. It was the country's first of what became 22 FSNE (Food Stamp Nutrition Education) social marketing nutrition 'networks'; nutrition education was an optional administrative activity that could qualify for Federal Financial Participation if non-federal matching funds could be generated. In California, we used the FFP to develop, test and roll-out at least 20 different statewide and community interventions. Our program efforts coincided with an upward trend in reported fruit and vegetable consumption by low-income adults that, to the best of our knowledge, was unique among states.

In the two years since retirement, I have worked through the Association of SNAP Nutrition Administrators (ASNNA) to co-lead its evaluation and outcomes activities. As a former state leader, I want to help states realize the potential of SNAP-Ed. As the nation's largest, most flexible and dynamic community nutrition program, I believe that SNAP-Ed can be used to generate significant, unique and groundbreaking improvements that will help improve eating and physical activity environments, advance food security, reduce or eliminate diet-related disparities among low-income income Americans, while also benefitting many in the agriculture and food industry sectors.

Today I will address four questions:

- What Farm Bill policies have informed the direction and impact of SNAP-Ed?
- What is SNAP-Ed now, and why isn't more known about its impact?
- What has been done administratively to assure that SNAP-Ed serves low-income communities and is fully accountable?
- What new, cutting edge measures have been put in place to help states and their partners to be even more effective in the future, and to build out the scientific foundations that have been put in place over the last 20 years?

What Farm Bill policies have informed the direction and impact of SNAP-Ed?

SNAP, once known as the Food Stamp Purchase Program (1933), is the oldest of the major food assistance programs, while SNAP-Ed is the youngest of USDA's major nutrition service efforts.

	Chronology of Federal Statutory and Administrative Landmarks in SNAP-Ed
1981	Food Stamp Nutrition Education (FSNE) was authorized in the Farm Bill as an optional administrative expense
	funded though state/local cost-share or 'match' that would qualify for an equal amount of Federal Financial
	Participation; it cited nutrition education using the EFNEP as peer education model established in 1969.
FFY 1992	Only 7 states conducted FSNE (~\$750K for the entire US). As national concern about the impact of diet-
	related diseases on health grew; USDA commissioned a report on the effectiveness of nutrition education
	which called for theory-driven approaches and recommended using social marketing, akin to marketing that
	the food industry uses (<i>JNE</i> '95).
FFY 1995-97	USDA funded 22 states with \$100-200K planning grants to establish social marketing nutrition networks,
111 1333 37	create state plans, and raise cost-share/match to support the state plans.
FFY 2004	All 50 states and DC conducted FSNE; funding totaled ~\$280M in FFP.
2005-2010	OMB conducted sequential Program Assessment evaluations recommended establishing clearer missions
2003-2010	and goals, strengthening strategic planning, developing standardized measures, and capturing program
	results.
2008	Farm Bill changed Food Stamps to Supplemental Nutrition Program (SNAP)
FFY 2010	USDA introduced the Education and Administrative Reporting System (EARS) for FFY 2010 to collect annual
	statistics on people reached, services provided, content, and materials used in state programs.
2010	Administrative system did not collect information on results or outcomes.
2010	In November, Congress used the 2010 <i>Healthy, Hunger-Free Kids Act</i> to establish SNAP-Ed as a new grant
	program in the Farm Bill, replacing the prior incentive-type model, primarily to redistribute funds among the
	states and relieve burden of obtaining and documenting match.
	New provisions added physical activity, obesity prevention, community and public health approaches to the
	SNAP-Ed charge; clarified that 185% FPL was the income eligibility level; required coordination with CDC;
	added 'evidence-based approaches' as a criterion.
	Capped funding until 2018 at 2009 baseline (\$400M) without matching requirements, established SNAP
	State Agencies as managers of the annual grant process, reallocated funds among states over a 5-year period
	using a formula that redistributed funds in 10% increments according to the state's proportion of US SNAP
FFV 2042	participation. By eliminating the state/local match, the overall investment would be reduced by half.
FFY 2012	The state/local share requirement for states was dropped for FFY 2012.
2013	USDA issued an Interim SNAP-Ed Rule in the <i>Federal Register</i> and invited public comments.
FFY 2014	The first year of the five-year reallocation formula was implemented; work on what became the SNAP-Ed
	Evaluation Framework and the SNAP-Ed Strategies & Interventions: An Obesity Prevention Toolkit for States.
FFY 2015	USDA's Annual SNAP-Ed Guidance for FFY 2016 fully implemented provisions in the 2010 HHFKA.
FFY 2016	Final Rule for SNAP-Ed was issued.
	USDA established the SNAP-Ed Evaluation Framework as its overarching, science-based to capture outcomes
	in 51 SNAP-Ed topics areas and completed a companion <i>Interpretive Guide to the SNAP-Ed Evaluation</i>
	Framework to help define consistent metrics that could be reported consistently by states. An expanded
	SNAP-Ed Strategies & Interventions: An Obesity Prevention Toolkit for States was released, and USDA's SNAP-
	Ed Connections website was revamped with an updated, searchable Resource Library that is intended to be a
	searchable inventory for 'all things SNAP-Ed' that is readily available to any user.
	USDA issued a Request for Quote solicitation to review the state reports, identify to what degree plans,
	reports and EARS align with the SNAP-Ed Evaluation Framework, and develop a standardized template for
	annual state reports to allow aggregation of state-level data.

What does SNAP-Ed look like today?

Size of the Eligible Low-income Population: Low-income in SNAP-Ed is defined as a household income below 185% of the Federal Poverty Level (FPL) because they would be eligible for other means tested Federal programs such as WIC, Free and Reduced Price school meals (FRPM), and many public health programs. Among low-income Americans, the 90 million people includes about 40 million who participate in SNAP because their incomes fall below 130%.

How low-income people are reached: People are not means tested by SNAP-Ed but rather served because the community they live in, an institution they use, or a geographic area that they frequent has a majority of the population with incomes below 185% FPL. For example, SNAP-Ed programs may work only with grocery stores in low-resource census tracts or with monthly SNAP receipts exceeding \$50,000. Similarly, SNAP-Ed may work only with schools or districts where over 50% of the students qualify for Free/Reduced-Price Meals (FRPM) or in worksites, faith organizations, park districts, housing, shelters, and other community sites where over 50% of the people have incomes <185% FPL. Since SNAP-Ed work products are public use, other organizations may use them freely.

Number and Diversity of SNAP-Ed Implementing Agencies: All 54 states, the District of Columbia, the Virgin Islands, and Guam receive SNAP-Ed grants that flow through the SNAP State Agency to one or more State Implementing Agencies (SIAs). The 144 SIAs that deliver SNAP-Ed themselves are diverse and bring a variety of strengths to SNAP-Ed; they include Land Grant University Extension services, other universities, public health departments, non-profits, Indian Tribal Organizations, and some SNAP agencies. In turn, most SIA funds flow to other public, non-profit and business entities that provide statewide or local services. The state grants have no matching requirements, and states make decisions about funding priorities for service based on needs assessments, partner readiness and the skills of each SIA. A detailed state plan is approved annually by USDA's Food and Nutrition Service (FNS).

Reach of SNAP-Ed: In 2015 the 144 SIAs collectively provided direct education services to over 6 million low-income people in 20 different community channels with nearly 50,000 low-resource community locations. *Channels* are organizations or systems such as schools and school districts, child care centers, food banks and emergency food sites, community youth organizations, public housing, churches, health centers, park and recreation sites, food stores, and community gardens where food and physical activity decisions can be influenced. Of the 144 SIAs, 28 reported also conducting larger-scale social marketing initiatives that reached over 19 million people.

Of the people receiving direct education, about 65% were SNAP participants, 25% were schoolaged children, and .05% were elders. There are no estimates of the the number of people reached though policy, systems or environmental approaches, or on outcomes. More detail on that will be provided below.

Why is SNAP-Ed not more visible, like other nutrition programs?

SNAP-Ed has the largest scope and most diverse mission among USDA's community nutrition programs, but for a variety of reasons SNAP-Ed activities may not be readily identified.

Names of SNAP-Ed Programs: Like many other federal programs, many SNAP-Ed programs have established a specific branded identity and do not use the federal categorical designation. Other times, SNAP-Ed funds are used to help organizations or campaigns augment their services to better reach SNAP-Ed audiences, so the SNAP-Ed targeted activities may not be identified as such. For all entities, SNAP-Ed rules must be followed and mandatory reports completed.

The term, nutrition education, includes more than direct education: The term, 'nutrition education' was added to Food Stamp language in 1981 and has not been updated. As science and practice have matured, the term 'nutrition education' had to be reinterpreted to achieve the needed population outcomes. In SNAP-Ed, nutrition education means 'any combination of educational strategies, accompanied by environmental supports, designed to facilitate the voluntary adoption of food and physical activity practices ... conducive to the health and wellbeing of ... SNAP participants, individuals eligible to participate, others eligible ... for other means-tested Federal assistance, and individuals residing in communities with significant low-income populations.'

SNAP-Ed requires a broad science-base, which adds to its complexity: To address the many social determinants that are known to impact healthy eating (including food security and food access), physical activity, and obesity prevention, today's nutrition education approaches use a widely accepted theory, the Social Ecological Model (SEM). This approach often involves working with partner organizations behind the scenes. The SEM helps planners systematically focus on four *spheres of influence* that support healthy behavior change in populations. The four spheres are: individuals and peer groups, institutions that impact low-income people, multi-sector community efforts, and larger scale social norms. Activities in these spheres may appear fragmented, but they are designed to create synergy and drive toward similar outcomes. The SEM is recommended by many authoritative bodies, including the National Academy of Sciences and the *Dietary Guidelines for Americans*.

What has been done administratively to assure that SNAP-Ed serves low-income communities and is fully accountable?

Similar to SNAP itself, SNAP-Ed is highly structured. USDA oversight of SNAP-Ed is guided by statute, namely the 2010 Healthy, Hunger-Free Kids Act, and implemented through:

- Final Regulations issued in 2016.
- Annual SNAP-Ed Guidance that governs targeting, activities, allowable expenditures.
- The 7 FNS Regional Offices review and approve annual state plans and budgets, including SMART objectives, and most mid-year amendments.

- Mandatory process evaluation measures through the Education and Administrative Reporting System (EARS).
- Annual Reports that report on specific progress toward achieving each state's annual SMART objectives; development of new programs and materials; evaluation activities, reports, and publications; and expenditures.
- Regular on-site Management Evaluations (ME) with a formal process when corrective action is required.

Program Requirements: The experience and know-how accrued over the last 20 years is well-codified in SNAP-Ed *Guidance*. In SNAP-Ed, states are asked to select a set of complementary educational, social marketing and environmental support approaches that will work together to achieve population and community outcomes. Each state is now required to deliver community and public health approaches in addition to direct education.

Social marketing is defined as using commercial marketing techniques to influence voluntary behavior for personal welfare and that of society. Techniques based on formative research and market segmentation may include: advertising, PR, promotion, multiple forms of mass communication, and education that is synchronized across different organizational channels such as worksites, retail stores, and civic organizations.

Community and Public Health Approaches. These may include techniques such as consumer empowerment, community development, public/private partnerships, and policy, systems and environmental change (PSE). In SNAP-Ed the definitions are:

- Policy change: In the public, non-profit or business sectors, policies are written
 organizational decisions or courses of action, resources, implementation, evaluation and
 enforcement. In accord with federal law, SNAP-Ed may provide information to elected
 officials but may not lobby for any bill, ordinance, or funding level.
- **Systems Change:** These are unwritten organizational decisions about services, locations, staffing and budgets that can reach large numbers of low-income people.
- **Environmental Change**: These are changes in the physical, visual, economic, social, normative or message environments that can positively influence eating and physical activity behaviors.

The well-respected RE-AIM model may be used by states to help decide what interventions to sponsor. Choices may be based on a structured needs assessment that includes the probability of reaching large numbers of people, the availability of effective interventions, the likelihood of adoption and implementation of those interventions by partnering organizations, and the probability that the effort will be maintained in the future without SNAP-Ed resources.

What new, cutting edge measures have been put in place to help states and their partners to be even more effective in the future, and to build out the scientific foundations that have been put in place over the last 20 years?

As shown in the Chronology, many evaluation efforts by SNAP-Ed stakeholders have culminated in 2016. A cutting-edge set of intervention and evaluation resources has been compiled to help the very diverse community of SNAP-Ed agencies deliver strong, evidence-based interventions, map their progress, and report the results. This has been done as a partnership among USDA, SIAs, the Centers for Disease Control and Prevention, and the National Collaborative on Childhood Obesity Research. Most notably, these include:

- The SNAP-Ed Evaluation Framework, a breakthrough approach to large-scale, long-term outcome evaluation. It is designed as a 'menu' from which states can select, according to their priorities, and an overarching, aspirational and science-based scheme for the country. It is intended to capture key outcomes in 51 different areas that lead to community and population improvement.
- Interpretive Guide to the SNAP-Ed Evaluation Framework, a companion how-to document that suggests standard metrics, instruments and data sources for the 51 Indicators in the Framework so that results can be aggregated across the country. It was compiled and reviewed by 40 contributors from 28 different states. As experience is gained with the measures and instruments, it will provide the basis for standardized reporting and aggregated data.
- *Practitioner* Stories that outline how 9 early adopting states are using the *Framework* and *Interpretive Guide*.
- SNAP-Ed Strategies & Interventions: An Obesity Prevention Toolkit for States that links to almost 100 evidence-based interventions, the great majority of which were developed through SNAP-Ed funding. This Toolkit reflects a brand new science base for large-scale interventions especially those using social marketing and policy, systems and environmental change approaches that is customized to low-resource settings and diverse populations. It will soon be posted as a searchable electronic format. It provides a resource that any like-minded organization to use. No such resource has ever been available.
- USDA's SNAP-Ed Connections website now has an updated Resource Library that can be
 populated by SNAP-Ed partners and others to house survey and evaluation instruments,
 intervention materials, reports and published papers. It is searchable by population
 group, community channel, intervention goal, date, state, type of material, method and
 many other characteristics. It will help bring new SNAP-Ed partners up to speed and
 allow mature programs to extend their impact in new intervention areas and with new
 partners more quickly.

What evidence is there that these efforts will be successful?

These evaluation breakthroughs have been done well. Strong groundwork was laid for rapid uptake of these new approaches because states were involved from the beginning. We contributed in soliciting and reviewing interventions to select the very best, choosing the most important and feasible outcomes, and selecting evaluation metrics that will be practical for local, state and national stakeholders. In FFY 14, the nine states and territories in the Western Region reported over 900 PSE changes in just one year.

State plans for FFY 17 are due soon. But one example is that one Midwestern state that was not involved in the Framework has already adopted it by challenging itself to secure 50 PSE changes in FFY 16, namely:

- Starting a local food policy council or health coalition (4)
- Community gardens (4)
- New pantry locations (3)
- Food donation systems (5)
- Food insecurity screening (3)
- Increasing number of food vendors at farmers' markets who accept SNAP (10)
- Establishing school wellness committees (6)
- School wellness policy reviews and updates (4)
- Increasing park and trail use in communities (3)
- Healthy checkout lanes (3)
- Shared use policies to increase physical activity options (1)
- Healthy vending machines at workplaces (4)

ASNNA is aware that these efforts are aggressive and very new for the entire field of nutrition. Similar to other reporting systems, we expect that the devil will be in the details. However, we recognize that the collective impact approach that SNAP-Ed is undertaking is the only way that the significant population and community changes that SNAP-Ed aims for can be achieved.

We are committed to continuing our collaboration with USDA and other organizations. In our work plan for this year are projects that will convey the vision and encourage wide use of the materials, continually upgrade the models based on real world with experience, help populate the new SNEP-Ed Library as a practical resource, identify or develop common data sources, and provide training and peer support to sister agencies

We are committed to remaining visionary, open, transparent, accountable and well-grounded so that these funds are spent to achieve maximum impact.

Thank you for this opportunity and for your support of SNAP and SNAP-Ed.

SNAP-ED EVALUATION FRAMEWORK

Nutrition, Physical Activity, and Obesity Prevention Indicators



READINESS & CAPACITY

SHORT TERM (ST)

CHANGES

MEDIUM TERM (MT)

EFFECTIVENESS & MAINTENANCE

LONG TERM (LT)

GOALS AND INTENTIONS

ST1: Healthy Eating

ST2: Food Resource Management

ST3: Physical Activity and Reduced Sedentary Behavior

ST4: Food Safety

BEHAVIORAL **CHANGES**

MT1: Healthy Eating

MT2: Food Resource Management

MT3: Physical Activity and Reduced Sedentary Behavior

MT4: Food Safety

MAINTENANCE OF BEHAVIORAL CHANGES

LT1: Healthy Eating

LT2: Food Resource Management

LT3: Physical Activity and Reduced

Sedentary Behavior

LT4: Food Safety

ENVIRONMENTAL

WORK, LEARN. SHOP, AND









ST6: Champions

ST7: Partnerships

ORGANIZATIONAL ADOPTION AND **PROMOTION**

MT5: Nutrition Supports

MT6: Physical Activity and Reduced Sedentary Behavior

Supports

ORGANIZATIONAL **EFFECTIVENESS**

LT5: Nutrition Supports Implementation

LT7: Program Recognition

LT8: Media Coverage

LT9: Leveraged Resources

LT10: Planned Sustainability

LT11: Unexpected Benefits

SECTORS OF INFLUENCE

MULTI-SECTOR CAPACITY

ST8: Multi-Sector Partnerships and Planning

MULTI-SECTOR CHANGES

MT7: Government Policies

MT8: Agriculture

MT9: Education Policies

MT10: Community Design and

Safety

MT11: Health Care Clinical-Community Linkages

MT12: Social Marketing

MT13: Media Practices

IMPLEMENTATION AND

LT6: Physical Activity Supports Implementation

MULTI-SECTOR IMPACTS

LT12: Food Systems

LT13: Government Investments

LT14: Agriculture Sales and Incentives

LT15: Educational Attainment

LT16: Shared Use Streets and Crime

Reduction

LT17: Health Care Cost Savings

LT18: Commercial Marketing of Healthy

Foods and Beverages

LT19: Community-Wide Recognition

Programs

POPULATION RESULTS (R)

TRENDS AND REDUCTION IN DISPARITIES

R1: Overall Diet Quality

R2: Fruits & Vegetables

R3: Whole Grains

R4: Dairy

R5: Beverages

R6: Food Security

R7: Physical Activity and

Reduced Sedentary Behavior

R8: Breastfeeding

R9: Healthy Weight

R10: Family Meals

R11: Quality of Life

SNAP-Ed State Implementing Agencies, 2015

State/	State Implementing Agencies
Territory	Reporting in EARS, 2015
,	(N=144)
AK	Alabama Nutrition Education Program
AL	University of Alaska Fairbanks
AR	University of Arkansas, University of Arkansas at Pine Bluff
AZ	Arizona Department of Health Services
CA	California Dept. of Public Health, University of California Davis, Catholic Charities of California, California Department
	of Aging, California Dept. of Social Services
СО	NA
СТ	Connecticut Department of Public Health, University of Connecticut, University of Connecticut College of Agriculture,
	University of Connecticut Health Center, University of Connecticut Neag School of Education, Hispanic Health Council,
	Inc.
DC	Department of Health
DE	University of Delaware
FL	University of Florida Health M Powers, University of Georgia, Georgia Coalition for Physical Activity and Nutrition
GA	NA
HI	Hawaii Department of Health, University of Hawaii at Manoa
IA	Iowa Department of Public Health, Iowa State University
ID	University of Idaho, Boise Center
IL	Chicago Partnership for Health Promotion, University of Illinois
IN	Purdue University
KS	Kansas State University
KY	University of Kentucky
LA	Louisiana State University Agricultural Center, Southern University Agriculture Center
MA	University of Massachusetts, Share Our Strength/Cooking Matters MA, Lutheran Social Services of New England, Inc.,
.,,,,	Kit Clark Senior Services,
MD	University of Maryland
ME	University of New England
MI	Michigan Nutrition Network at Michigan Fitness Foundation, Michigan State University
MN	University of Minnesota Extension Service, Minnesota Chippewa Tribe
МО	University of Missouri
MS	Mississippi State University
MT	Montana State University Extension
NC	North Carolina Cooperative Extension-Surry Center, Durham County Health Department, Alice Aycock Poe Center for
	Health Education, The University of North Carolina at Greensboro, North Carolina State University, University of North
	Carolina at Chapel Hill, NC Agricultural and Technical State University, East Carolina University MATCH
ND	North Dakota State University Extension Service
NE	University of Nebraska
NH	University of New Hampshire Cooperative Extension Merrimack County
NJ	Rutgers, The State University of New Jersey
NM	New Mexico State University Cooperative Extension Service, Cooking with Kids, Kids Cook!, Las Cruces Public Schools,
	University of New Mexico Prevention Research Ctr, Institute of American Indian Arts
NV	Help of Southern Nevada - Baby First Services, Yerington Paiute Tribe, University of Nevada Cooperative Extension, Food Bank of Northern Nevada, Step 2, Te-Moak Tribe of Western Shoshone, Three Square

NY	Cornell Univ Cooperative Extension Oneida County, New York State (NYS) Department of Health, Cornell Cooperative
	Extension of Erie County, Food Bank For New York City, Cornell Univ. Cooperative Extension Orange County, City
	Harvest, Inc., Cornell Cooperative Extension of Onondaga County, The Children's Aid Society, Cornell Univ Coop
	Extension of Suffolk County, Common Pantry, Cornell Cooperative Extension of Albany County
ОН	Ohio State University
OK	Chickasaw Nation, Oklahoma State University
OR	Oregon State University
PA	Pennsylvania State University
RI	University of Rhode Island
SC	South Carolina Department of Health and Environmental Control, Clemson University, South Carolina Department of
	Social Services, Low Country Food Bank
SD	South Dakota State University
TN	Tennessee State University, University of Tennessee
TX	East Texas Food Bank, East Texas Food Bank, South East Texas Food Bank, Texas A&M Cooperative Extension,
	Houston Food Bank, North Texas Food Bank, Tarrant Area Food Bank, South Plains Food Bank, Food Bank of Corpus
	Christi, Food Bank of Rio Grande Valley, San Antonio Food Bank, Capital Area Food Bank of Texas, ActiveLife
	Movement
UT	Utah State University Cooperative Extension
VA	Virginia Tech University
VI	NA NA
VT	Vermont Department of Health
WA	Washington State University , Washington State Department of Health
WI	University of Wisconsin-Extension, Great Lakes Inter-Tribal Council, Ho-Chunk Nation Health Center, Milwaukee
	Health Services Inc., City of Milwaukee Health Department, Northwest Wisconsin Community Services, Inc., Chippewa
	County Department of Public Health, Bayfield County Health Department, Polk County Health Department,
	Outagamie Health and Human Services Public Health, Oneida County Health Department, Kewaunee County Health
	Department, Family Plan Health Services, Kenosha County Dept of Human Svs, La Crosse County Health Dept, Portage
	County Comm Human Service, Juneau County Health Dept, West Allis Health Dept, Jefferson County Health
	Department, Wood County Health Department, Vernon County Health Dept, Sauk County Dept of Health, Waupaca
	County Dept Human Servs, Hunger Task Force of Milwaukee
WV	West Virginia University
WY	University of Wyoming Cooperative Extension Service

SIAs, by state 2015 EARS 6-20-16